

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814



(916) 323-0503

August 18, 1988
CMSP Letter 88-7

TO: CMSP COUNTY WELFARE DIRECTORS

SUBJECT: CMSP CARD REDESIGN

This letter transmits to you proposed revisions and additions to the card currently in use by County Medical Services Program (CMSP) beneficiaries. The attached draft layout of the proposed card includes information on the front of the card to more clearly identify the valid month, share of cost and cert date, as well as any other health insurance coverage. Also included on the front of the card is a signature and date line. The signature line will help providers in verifying the beneficiary's identification.

Currently, no information is printed on the back of the CMSP card. The back of the proposed CMSP card would include information to both medical and dental providers to assist them in billing and provides information on other frequent concerns. Information is also included for the CMSP beneficiary informing them of their rights and responsibilities.

Please review this draft layout and solicit comments from your staff. The CMSP card redesign project will be discussed at the next Small County Advisory Committee Meeting, September 9, 1988, in Sacramento. If you wish to provide input, please bring your comments to this meeting.

If you have any questions prior to that meeting on the card redesign, please contact Sherrie Ivec at 324-4203.

Sincerely,

A handwritten signature in cursive script that reads "Jim Martinez".

Jim Martinez, Chief
County Medical Services Program

cc: CMSP Contact Persons

SI:tn

OLD CMSP CARD FORMAT

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*OLD*( COUNTY MEDICAL SERVICES
          PROGRAM
*OLD*( IDENTIFICATION CARD
*OLD*( County of Humboldt
*OLD*( Valid: MAR 1988 DOB: 05/18/ 60 M
*OLD*(
*OLD*( 12-85-0012345-0-60 **1**
*OLD*( SSA# 444-55-6666
*OLD*( FIRST I LAST
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*OLD*( 22222 SECOND ADDRESS
*OLD*( CITY STATE ADDR, CA
*OLD*( ----- 95821
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*OLD*( O/C: N
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THIS IS NOT A STATE MEDI-CAL CARD
Services available under this county medical
program are limited.

PROVIDER OF SERVICES: By accepting this card
and providing covered services, the Provider
agrees to accept CMSP payment rates as payment
in full and to follow CMSP policies and
regulations (17 Cal Admin. Code Section 1498
Set seq.). Attaching a photocopy of this card
may expedite payment of your claim.

BENEFICIARY: You must present this card to
your provider when you seek medical
attention. You must immediately report any
income or property changes to your worker.

PROPOSED NEW CMSP CARD FORMAT

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*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*
*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*
*NEW*1
*NEW*1 COUNTY MEDICAL SERVICES PROGRAM (CMSP) IDENTIFICATION CARD |
*NEW*1
*NEW*1 SIGNATURE: _____ DATE: _____
*NEW*1
*NEW*1 COUNTY OF HUMBOLDT
*NEW*1 12-84-0012345-0-60 **1**
*NEW*1 SSN: 222-33-4444
*NEW*1 DOB: 05/18/60 M
*NEW*1
*NEW*1 BLUE CROSS/BLUE SHIELD
*NEW*1 PHONE: (707)-963-7349
*NEW*1
*NEW*1 RESERVED AREA FOR RESTRICTED
*NEW*1 SERVICES MESSAGE
*NEW*1
*NEW*1 FIRST-NAME I L-A-S-T-N-A-M-
*NEW*1 FIRST ADDRESS LINE 111111
*NEW*1 22222 SECOND ADDRESS LINE
*NEW*1 CITY STATE ADDR, CA 95821 + 4
*NEW*1
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*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*NEW*
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VALID: MAR 1988 SHARE OF COST: \$10 CERT: 031588
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THIS IS NOT A STATE MEDI-CAL CARD
Services available under this county medical
program are limited. The CMSP beneficiary may
receive covered services from providers located
in any California county. Only emergency services
are covered outside the State unless prior authorized.
See instructions for billing on reverse side.

PROVIDER OF SERVICES: By accepting this card and providing
covered services, you agree to accept CMSP payment rates
as payment in full and to follow CMSP policies and
regulations (17 Cal. Admin. Code Section 1498 et seq.).
See instructions on reverse side.

BENEFICIARY: You must present this card to your provider
when you seek medical attention. See instructions
on reverse side.

[illegible]

NEW THE PERSON NAMED ON THIS CARD IS ELIGIBLE TO RECEIVE BENEFITS UNDER THE COUNTY MEDICAL SERVICES PROGRAM EW

NEW CMSP MEDICAL PROVIDER INFORMATION EW

*NEW

NEW . Providers must make a good faith effort to verify the beneficiary identity before rendering services. EW

NEW . Providers must bill any other health insurance prior to billing CMSP. See provider manual for exceptions. EW

NEW . Out-of-state providers should contact the Department of Health Services for information and billing EW

NEW instructions prior to providing services. EW

NEW . CMSP utilizes the Medi-Cal Fiscal Intermediary for processing claims. Consult your provider manual. EW

NEW . CMSP rates are generally paid at 100% Medi-Cal. Consult your provider manual. EW

NEW CMSP DENTAL PROVIDER INFORMATION EW

*NEW

NEW . Dental providers must also abide by the provisions listed above. EW

NEW . Providers of dental services should note that dental coverage under the CMSP differs substantially from EW

NEW Medi-Cal coverage. See provider manual for specific coverage information. EW

NEW . Providers of dental services should submit claims on either a CDA or ADA billing form to: EW

NEW County Medical Services Program EW

NEW 714 P Street, Room 523 EW

NEW P.O. Box 942732 EW

NEW Sacramento, CA 94234-7320 EW

NEW A copy of pertinent X-ray and valid CMSP card must be attached. There is no prior treatment authorization EW

NEW request for these very limited dental services. EW

NEW CMSP BENEFICIARY INFORMATION EW

*NEW

NEW . It is a crime for you to sell or lend your CMSP card to any person or furnish or give your CMSP card EW

NEW to any person other than your provider of services as required under CMSP regulations. (22, CAC, Sec. 507) EW

NEW . You should carry your CMSP card with you at all times. Present this card to your provider of services EW

NEW at each visit. Make sure the card is returned to you. EW

NEW . You must report any changes of income, property, or other health coverage within ten days to your EW

NEW county welfare department. EW

NEW . If you are dissatisfied with any decisions regarding medical care under the CMSP, you have the right to request EW

NEW a hearing by the Department of Social Services. You should either request a copy of the Medical Care Hearing EW

NEW Request, Form 1175 from your Eligibility Worker, or telephone the Public Inquiry & Response Unit at 1-800-952-5253. EW

**** The completed Form 1175 should be mailed to the address listed on the form. ****